

## (1) PLACE OF BIRTH

County of Dorchester

Township of .....

Inc. Town of .....

City of .....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State-Registrar Only

619

Registration District No. 17A Registered No. 5

(For use of Local Registrar)

## (2) Full Name of Child

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy(4) Twin or Triplet? —

(5) Number in order of birth

To be answered only in case of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

Jun. 28<sup>th</sup>1915

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Jos. P. Bee

(9) PRESENT POSTOFFICE OF FATHER

Summerville, S.C.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

(13) OCCUPATION

Pilot

(20) Number of children born to mother, including present birth

4

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

Summerville, S.C.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

29

(Years)

(18) BIRTHPLACE

Dorchester Co.

(19) OCCUPATION

House-wife

(21) Number of children of this mother now living, including present birth

3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was still born at 11:45 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Edmund N. Simonson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Summerville, S.C.

Given name added from a supplemental report

1915

Registrar

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed

Feb. 1, 1915

(28)

E. P. Laerton

Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

MARGIN RESERVED FOR BINDING.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

McCaw of Columbia.